U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3093	2. Fiscal Year Covered From:			
	01/11/2004 Through: 12/31/2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name ANTHOM STORL	Name TEAMSTERS LOCAL 807			
	Labor Organization File Number 206300			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 12 Adlai Circle	Street 32-43 497 Street			
City STATEN ISCAND	City LI City			
State NEW YORK ZIP Code + 4 10312	State NEW VOICK ZIP Code +4 11103			
5. Position in labor organization. Vice President				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed anthony Stors	On 8405 118 608 0692 Date Telephone Number			

Name of Person Filing ANTHOM STORZ	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or adjrectly to or otherwise
8. Name and address of Business (including trade name, if any). Name Segal Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street OPE PARK AVE City UEW LOCK State ZIP Code + 4 10016 - 598	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing. Benefit Consulting Services For Local 807 LABOR MSMI FUNDS
City Long Tsland City State W ZIP Code + 4 11103	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Dinner at Educational Seminar Paid by Sesal Company in Porado Beach P. Z.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	12.b. Amount.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	14.a. Nature of payment.
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

HNTHONY STORZ	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable and the consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business stively seeking to represent, or adirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Segal Company	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	
Street One PARK AVR	c. Employer
City NEW YORK	
State ZIP Code + 4 10016-598	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name 807 LABOR MORSCHING FUND	Benefit Consulting Services
Trade Name, if any:	for Lucal 807 LABOR MEMY FUND
P.O. Box, Bldg., Room No., if any	
Street 32-43 495 F	
city Cons Island City	11.b. Approximate dollar value of such dealing.
State	12.a. Nature of interest held or income received.
211 code : 4 (116)	Sesal Company paid Fer Golf Outhing at Local 707 Scholorship Golf Gorring in Long Felow M
	Outhing at war is last w
	GOLD BOLLING IN COURT AS COM
	12.b. Amount.
C. Received from any employer (other than an employer covered under	er parts A and B above)
or from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Felson Filling HUTHOM STOKE.		File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines tively seeking to represent, or adjrectly to, or otherwise	s
8. Name and address of Business (including trade name, if any). Name Segal Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street One PARK AVE City UFW YORK	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion
State UEW YORK ZIP Code + 4 10016 - 587	3	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Local 867 Labor Many Hund Trade Name, if any:	Benefit Con Services for Funds	ng. sulting + Aetucnial Local Boz Cabor MBNA
P.O. Box, Bldg., Room No., if any Street 3'2-43 495	11.b. Approximate dollar valu-	e of such dealing.
State UN ZIP Code + 4 1103	Paid for C Solfat E at Doods R Segal Ad	or income received. 1) one ROUNDOF ducational Seminar seach PR with
	12.b. Amount.	£75
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value. 14.a. Nature of payment.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

HNIHUNG STORE	, rale nullipe) 0-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Local 807 Labor Mangament Fond Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 31-43 4975 Street City Long Deland City State UY State ZIP Code + 4 1103	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. Benefit Consulting and Acturial Services, for Local Bor Labor. MANAGEMENT FUNDS & HARE A BUILDING W/ Local BOR UNION			
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. LUNCH PAT TRUSTER MEETING INITIAL ZINIOY, 3/9/04, 4/13/04 6/8/04, 9/20/04, 11/9/04, 12/14/04			
	12.b. Amount. \$1.160			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value. 14.a. Nature of payment.			
Name Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Street City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing ANTHOM STORZ		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name CCG 807 Cabon Maracsement Fonds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 32 - 43 49 5 City State C1 S I and City State ZIP Code + 4 1103	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing Benefit Cons Services for Show a build the Union 11.b. Approximate dollar value 12.a. Nature of interest held Educational Dorado Bear	Local 807 Msmt Funds bring with Local 807 e of such dealing. or income received. Seminar Segal Advisors		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			